

## Community Alternatives to Psychiatric Residential Treatment Facilities Demonstration Grant Abstract

### *Indiana*

**Problem Statement:** Indiana does not have sufficient state-wide, community-based alternatives to the services that are available in PRTFs for children with serious emotional disturbances (SED) and complex treatment needs. As PRTF availability expands, fiscal resources for community-based treatment are further reduced.

The Indiana Division of Mental Health and Addiction and the Office of Medicaid Policy and Planning seek to increase availability and facilitate access to evidence-based, cost-effective intensive community treatment and support for children with SED and their families by through a demonstration 1915(c) Medicaid waiver for children with eligibility for PRTF admission. Children and youth who are in PRTFs and their families will be eligible for case management services up to 6 months prior to expected discharge from the PRTFs and then continued intensive community based services and support through child and family wraparound teams. Similar youth, whose caretakers could care for them with intensive support, would be eligible for waiver services without out-of-home placement. Participants in this demonstration project will be Medicaid-eligible youth who have been identified through Indiana's Child and Adolescent Needs and Strength (CANS) assessment (Lyons, 1999) which is being implemented statewide July 2007 in the behavioral health system.

The intensive community-based services will be coordinated through child and family wraparound teams. Waiver services will include Wraparound facilitation, respite care, family support, life skills training and access to flexible funding. Beginning with existing, viable systems of care (in more than half in Indiana, the Demonstration Project will be available statewide in five years. During a planning segment of the demonstration project, up to nine months, stakeholders, including families, providers, and state agencies, will be involved in refining services and working out implementation details. The System's Quality will be monitored through access of assessment and services, completeness and timeliness of care plans, recruitment, training and enrollment of qualified providers, use of CANS and state's data base. Provider requirements and accountability will include training.

Evaluation of the Project will be a quasi-experimental design. Children who receive services through the waiver will be compared with those who receive services through PRTFs. State data bases will be the primary sources for data collection; they are: Community Services Data Base (CSDS) for mental health & addition, the newly developed CANS data-base, Medicaid claims, youth in PRTF, Youth Services Survey for Family (YSS-F) for family satisfaction with services.